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NUTRITION PROGRAM NEWS

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FOOD AND NUTRITION SERVICES IN DAYTIME PROGRAMS FOR YOUNG CHILDREN

DAY CARE AND HEAD START CENTERS

Each day hundreds of thousands of young children spend all or part of their day away from their homes in daytime programs. This is at a time in the child's life when he has great capacity for growth. The environment in which the child lives, the food he eats, the play experiences he has, the training he receives before he starts to school determine to a large measure his future achievement.

An essential part of many daytime programs is the provision of a variety of foods in a manner that makes mealtime an educational and happy experience.

The March-April 1962 issue of Nutrition Committee News reported some of the contributions nutritionists have made to improve the feeding of children in day care centers. Although considerable progress has been made, challenging opportunities remain.

Recent legislation

Recent legislation enacted by Congress has enabled States to improve and expand existing day care services.

In 1962 a portion of the Federal child welfare appropriations, administered by the Children's Bureau, was earmarked for day care services. Although 1965 amendments to the Social Security Act deleted the earmarked funds, the stimulus has been provided for expanding and improving services.

Day care plans of 50 States and territories have now been approved. These plans include provision for group or family day care, additional personnel, and strengthened programs of licensing and consultation. Nutritionists are represented on some State advisory committees.

The Community Action Programs of Title II-A of the Economic Opportunity Act of 1964 made possible the development of Project Head Start. This new type of daytime

Nutritionists and workers in allied professions look to Nutrition Program News for current information on community nutrition programs.

In preparing this issue, we are indebted to Helen Hille, Nutrition Consultant, Children's Bureau, Department of Health, Education, and Welfare; Dorothea E. Nicoll, Chief, Nutrition Section, Massachusetts Department of Public Health; and Sue Sadow, Nutrition Consultant, Project Head Start, Office of Economic Opportunity. They have provided information on the food and nutrition component of current daytime programs for children.

program is designed to prepare children of deprived families for kindergarten or the first grade.

There were 561,000 children who attended 13,344 Head Start Child Development Centers in 2,398 communities in the 50 States and territories for 8 weeks in July and August, 1965. The first Head Starters have "graduated" and are now in kindergarten and first grade.

Day care standards

In most States, the public welfare agency has primary responsibility for licensing and setting standards for day care services, in cooperation with public health and education agencies. Child Welfare staffs have asked public health nutritionists in the health department to help develop and interpret nutrition and food service sections.

Since the Department of Public Health in Massachusetts has licensing responsibility for day care centers, the public health nutritionists in that State are directly involved.

The earliest day care services in Massachusetts were provided by Tabitha Plaskett of Plymouth at her Dame School in the 1600's. Massachusetts has provided day care services

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during the intervening 300 years. Each decade of this century has seen new developments.

A Study Commission in the 1960's recommended that the Department of Public Health become the State licensing agent for day care centers, with power to delegate licensing to qualified local Boards of Health. On January 1, 1963, this Department undertook to carry out the new law: "In establishing these requirements, the Departments of Public Welfare, Education, Mental Health, Public Health, and Public Safety, shall *jointly* establish minimum standards which shall be included in the rules and regulations."

Interdisciplinary committees were set up. In addition to the five State agencies, the Massachusetts White House Committee on Children and Youth and the Associated Day Care Services of Boston participated.

The Division of Maternal and Child Health, State Department of Health, which has administrative responsibility for the program, established a Day Care Unit with a pediatrician, early childhood educator, medical social worker, public health nurse and nutritionist. They offer consultation and technical guidance to district health office and local health department staffs. After the required visits to the day care centers, local or district workers make recommendations about licensing.

CHILDREN WITH SPECIAL NEEDS

Children in day care programs are children whose need for care cannot be met in the home. Some have special health or environmental problems; some are motherless; some have mothers who cannot care for them because of illness, jobs outside the home, or psychological or emotional causes.

Day care centers—Massachusetts

For example, some mentally retarded children benefit from day care services. In Massachusetts, groups of parents have organized day care centers for retarded children. Appropriate nutrition services are available.

While these children have the same basic nutritional needs as other children, their handicaps may require modification in feeding practices. Some have difficulty chewing or swallowing solid foods. Others need someone to feed them. An important part of these programs is helping the children become progressively independent in feeding.

To meet another special need, a center has been set up at Boston City Hospital during clinic hours to care for children whose parents are attending outpatient clinics. This service is free for children of any age. The staff and facilities meet State standards.

Head Start centers

Of the 561,000 children in Head Start, 70 percent had their first medical or dental examination in the summer of 1965. One city had 1,150 children participating; 50 percent of these children appeared to be in a poor state of nutritional health.

At the end of the summer, Head Start's nutrition consultant observed that nutritional conditions had improved among the children through well-balanced, satisfying meals. Children also learned about unfamiliar foods.

Is it hard to believe that children had never seen a carrot? Is it conceivable that there were children who could not remember having tasted milk? Fresh fruits and salads were unknown among some groups. One little Head Starter arrived at school clutching a small bag of potato chips every day. The bus picked her up at 6:30 a.m. Her mother always left her breakfast on the kitchen table—a bottled soft drink and a bag of potato chips.

At the beginning it was difficult to get some children to eat at all. Overhungry and listless, some only drank the milk. Others developed great appetites and gladly took what neighbors would not eat. Many went back for seconds and thirds. Was this hunger? Was it trying to store away enough to last because there would be no food at home? Was it just stuffing and in some instances showing off? Was it an effort to satisfy a deep emotional need caused by too little love and affection in the past?

FOOD AND NUTRITION EDUCATION

For children and their families

Children's food habits and attitudes toward food may be influenced considerably by a center's program. Many opportunities to guide children's eating practices may be provided.

Day care center activities.—Meaningful learning experiences promote acceptability of new and unfamiliar food. These may include examining a food and discussing how it grows, raising a garden, visiting the market or dairy, and actually preparing food. Through such practical experiences and through eating with other children, a child acquires a greater awareness of and liking for a variety of foods.

If the benefits of a center's program are to be effective and lasting, they must carry over into a child's own home. Nutritionists have found that the nutrition of the entire family improves through meal planning with parents.

Teaching parents how to manage limited budgets so that available foods and funds are used to best advantage may be the first step toward meeting nutritional needs.

Head Start activities.—The food program served as a valuable, integral part of Head Start. Patterns were suggested in Head Start Nutrition Guidelines. New foods were introduced to children, and efforts were made to influence acceptability.

Food programs varied considerably throughout the country. Milk was always available through the Special Milk Program. Some centers served breakfast, snacks, and lunches. Centers without cooking facilities served only snacks. Breakfast was the only meal served in some centers, where Head Start activities began early and it was known that children came without breakfast.

One commercial food service contract, in which Head Start personnel were not involved, resulted in shocking waste. The quantity served each child was greater than the child could eat, but the food was neither attractive nor particularly palatable. In contrast, where trained personnel were in charge of the food service, there was practically no waste. Children improved their food habits.

Some communities, however, developed good systems of providing lunches even where there were no cooking facilities. In Juneau, Alaska, a former airline cook took great interest in preparing nutritious food. She planned the menus, marketed, prepared the meals, and developed a method of shipping food to several centers. Small aluminum containers were filled with hot food and covered with foil. Cold foods were put in paper cups or containers and wrapped with a plastic fork, spoon, and a napkin. The food was loaded onto a truck for prompt delivery.

As suggested in Head Start Nutrition Guidelines, there was no waste when sizes of portions were flexible. More was accomplished where food was served at tables in the classroom with the teacher and aide in charge of small groups. Conversations with participating teachers helped the children learn about foods. This intimacy was lost in the larger noisy cafeteria dining rooms.

Those involved in Head Start report that parents, both fathers and mothers, took a tremendous interest. These reports came from cities, from rural communities in the coal field areas of Virginia and West Virginia, from Indian pueblos, from the migrants of California, and from the Eskimos of Kotzebue, Alaska. Once the parents felt they were wanted—that the teachers welcomed their help—they came and participated. The men made toys, cleaned up the grounds, and taught the children to play games. The women helped with food preparation and assisted where needed. They attended classes in art, sewing, nutrition, homemaking, budgeting, and food preparation.

Mothers in the program learned first hand about proper meals and how good food habits are established. In New York City parents came regularly to meetings. One parent-

coordinator said, "We have made more progress in 6 weeks than we've been able to make with parents in 4 years." Los Angeles had similar experiences; parent participation was one of the liveliest parts of the entire program. Nearly 2,000 parents in one area commented on the favorable changes in their children, including eating habits.

In Evanston, Ill., a teacher pinned a good breakfast menu on each child as a guideline to parents. The school nurse reported that headaches and stomachaches diminished as a result of nourishing breakfasts.

For staff, including volunteers

Since interested, informed staff members are essential to a good nutrition program, considerable effort is being focused on staff development.

Some programs teach day care center staffs to plan, purchase, and prepare food to help meet nutritional needs of children. Other programs explain the influence of the staff members' attitudes on children's eating habits.

Programs for staffs of centers caring for handicapped children include feeding and techniques for helping children reach their greatest potential.

State licensed day care centers in Massachusetts.—In establishing Rules and Regulations about food service for day care centers, the nutrition staff of the Massachusetts Department of Public Health consulted others who were more experienced, including nutritionists of the Children's Bureau.

Then forms and teaching materials were prepared for licensing personnel, day care center staffs, and parents. A "Food Service Information Sheet" was developed for use in licensing. Applicants must send the completed form to the district health office with copies of menus for meals and snacks for 10 consecutive days. This shows when food was served and to how many children and adults; how often menus are planned; how often repeated; whether menus are posted, sent home, or discussed with parents; and who is responsible for menu planning, food purchasing, and meal preparation.

The district nutritionist evaluates these meals and sends a report to the center. A "Consultant's Guide: Food Service and Nutrition," with recommendations or comments, is given to the center's director. Although workers from all disciplines make licensing visits, no center that serves meals can be licensed until a nutritionist has visited at meal time.

The State nutrition staff prepared a booklet, "Children Deserve the Best Meals at the Day Care Center," and two leaflets, "Juice Time" and "Tasty Cookies." These have been widely used. Exhibits, demonstrations, and even samples of food have proved worthwhile for group meetings.

The educational aspects of the program continue to be mutually helpful. Credit courses under university extension divisions, institutes, workshops, and Saturday sessions have included nutrition and feeding of small children.

One nutritionist took colored slides of mealtime in a number of centers. These are excellent for group meetings of staff and parents. They show the ways of children with food, with other children, and with adults. Slides also show the size of servings, menus, and serving practices. These slides can be used to answer innumerable questions about feeding groups of preschool children.

The Associated Day Care Services of Boston, a private agency, has a part-time home economist to plan menus, order food, adapt recipes, and guide cooks in five centers. Her classes for mothers are popular because homemaking problems are discussed freely and accomplishments reported.

Volunteers in some communities supply nutritious home-made cookies to replace sugary "store-bought" varieties for snacks and meals.

Head Start programs.—Fortunately 75 percent of Head Start programs were sponsored by schools. This provided school facilities, school cooks, and trained school lunch managers. The projects at two Indian pueblos in New Mexico employed a nutritionist.

EXTENDING SERVICES TO REACH MORE CHILDREN IN DAY CARE

Public health nutritionists are developing tools for workers who are responsible for licensing and consultation. By such means, and by giving direct assistance only to centers with problems, many more children can be reached.

For example, in one State a nutritionist developed a form for welfare agency consultants to use in evaluating a day care center's nutrition program. On completion, the forms are returned to the nutritionist who refers a local nutritionist or dietitian to centers needing concentrated help. A State Nutrition Council recently revised nutrition reference materials for use by Child Welfare staffs.

THE CONTINUATION OF HEAD START

The splendid record of Head Start this summer will continue. Reports reveal that participating children changed a great deal over the 8 weeks. They developed self-confidence, self-reliance, a sense of responsibility, and willingness to

share. They improved in language abilities, used words, and grasped ideas. They learned to adapt to routine, to accept adult guidance, to play freely, and to communicate with classmates in the same way as less deprived children.

The best way to build on the Head Start foundation is to ensure proper follow-through on the first summer's children and to plan future programs.

The Office of Economic Opportunity is now assisting with three basic kinds of child development programs:

1. Additional follow-through help for children who were in Head Start in 1965.
2. Full year Head Start programs for children 3 years of age or older.
3. Head Start summer programs for children who will enter school in the fall of 1966.

Follow-through may include remedial teaching during the school year and a continuation of medical, dental, psychological, and social services. It is important to correct the deficiencies—educational or physical—discovered in children during the summer of 1965.

IN CONCLUSION

All children have the same needs and are entitled to the same benefits. Innumerable children are cared for adequately by their parents in their own homes. However, many children need, and are entitled to, care—in day care centers, Head Start centers, or other facilities—that may give them a chance to achieve their potential.

Good day care and other daytime programs for children require coordinated planning between many disciplines. Nutritionists will continue to be called upon to assist with the development of standards, to participate in training of day care and licensing staffs, to serve on advisory committees, and to provide nutrition consultation to day care centers.

The National Conference on Day Care Services, held in Washington, D.C., in May 1965, brought together more than 1,100 persons to discuss ways of stimulating appropriate day care services for all children needing such care.

As Vice President Hubert Humphrey said at this conference:

"Day care is not a limited concept; it is not just for low-income families and working mothers. It is for the child who needs it, when and where he needs it, and for the length of time he needs it."